| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Help America's Leaders Political Action Co | ommittee | e (HALPAC) | |
| A. 3. | Name of Employer Info requested Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James E. Buckley III | Cynthiana Rd. State Zip KY 40 ibuting ee. Occupation Info requested Aggregate Year-to | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| | Name of Employer Reveal Imaging | State MA C Description C C C C C C C C C C C C C | | Transaction ID: 1172607128303 Amount of Each Receipt this Period 500.00 Check |
| - | Name of Employer Denny Miller Associates Inc. | State VA C Description Vice Pres Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | | |
| TOTAL This Period (last page this line number only) | | | | |